

Ryan White Parts A, B, C and D in Nevada and the Las Vegas TGA Consent for Release of Confidential Information

Client's Name: _____

Date of Birth: _____ URN: _____

I, the undersigned, do hereby authorize any of the agencies listed below who participate in the community based Ryan White Care Services program in the State of Nevada to release and/or share information concerning my eligibility, medical record status, and information concerning my HIV screening, diagnosis and treatment. The following agencies/programs authorized are:

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| <ul style="list-style-type: none"> ❖ Access to Healthcare Network (AHN) ❖ Care Coalition ❖ Aid for AIDS of Nevada (AFAN) ❖ Access Community Cultural Education Programs & Trainings (ACCEPT) ❖ Catamaran RX-Pharmacy Benefits Manager ❖ Carson City Health and Human Services ❖ Community Counseling Center (CCC) ❖ Community Outreach Medical Center (COMC) ❖ Clark County Social Service ❖ Golden Rainbow ❖ Las Vegas Urban League ❖ Nevada Disability Advocacy & Law Center (NDALC) | <ul style="list-style-type: none"> ❖ Northern Nevada HIV Outpatient Program Education (HOPES) ❖ Nye County Health & Human Services ❖ Rebuilding All Goals Efficiently, Inc. (RAGE) ❖ Ridge House ❖ Southern Nevada Health District (SNHD) ❖ The Center ❖ University Medical Center-Wellness Center (UMC) ❖ University of Nevada School of Medicine-OB Care ❖ UNLV School of Dental Medicine ❖ Women's Development Center ❖ Washoe County Health District ❖ Your Physician: _____ |
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Information may be released between the above listed agencies throughout the duration of my active enrollment in the Ryan White Care Services program. I may withdraw this consent by notifying, in writing, the Ryan White agency where my eligibility was completed. I understand that my records are protected under federal HIPAA regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that I may revoke this consent in writing any time, except to the extent that any action has been taken while it is still in force. This consent expires automatically one (1) year from registration or previously signed consent.

A copy of this authorization legally constitutes an original copy.

Client's Signature	Date
Parent or Guardian/Relationship to Client	Date
Witness	Date